



Whether it's business or personal, **Clayton County is open for you.**

DEVELOPMENT AUTHORITY OF CLAYTON COUNTY
CLAYTON STRONG SMALL BUSINESS RELIEF
GRANT APPLICATION

Complete this Form and attach a copy of your Clayton County, GA business license:

BUSINESS NAME:

BUS. LICENSE#: _____

BUSINESS PROPERTY ADDRESS:

CONTACT NAME AND PHONE NUMBER:

EMAIL ADDRESS:

NUMBER OF FULL TIME EMPLOYEES:

NUMBER OF PART TIME EMPLOYEES:

Proposed Expenses:

Describe how your business has been affected by the COVID-19 outbreak and how you intend to use the grant to offset business expenses during the next thirty (30) days.



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Businesses awarded funds must report how the grant funds were used and be willing to share a testimonial of this Small Business Relief Grant program in the future if asked.

Authorization:

I hereby make an application to the Development Authority of Clayton County (DACC) to receive grant funds disbursed from the Clayton Strong Small Business Relief Grant Fund. I verify that the information contained in this application and any attachment is true and correct. I have reviewed and understand the rules and regulations set forth in this document and agree to be bound by the same.

I understand that any changes in the use of grant funds could result in forfeiture of said funds. I understand submission of this application does not obligate the DACC in any way to provide grant funds to the aforementioned business.

Printed Name

Date

Title: _____

For Office use only:	Date Received: _____	Date Reviewed: _____
Application approved:	_____	Amount: _____
Application denied:	_____	Comments: _____
Reviewer's Initials:	_____	